



FACSIMILE TRANSMITTAL
February 16, 2006

from **WILLIAM A. JIVIDEN**
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To: Rudy, Andrew J.
Art Unit 3627

Firm: Commissioner for Patents

Fax Number: (571) 273-6789

Client Number: AUR 0014 PA/40069.19

Pages: 19
(including cover)

Comments:

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of
 Applicants : Barrott et al.
 Serial No. : 09/409,566
 Filed : September 30, 1999
 Confm No. : 5556
 Title : COMPUTERIZED FAMILY ADVISING SYSTEM AND
 METHOD FOR MAKING FUNERAL ARRANGEMENTS
 Docket No. : AUR 0014 PA/40069.19
 Examiner : Rudy, Andrew J.
 Art Unit : 3627

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PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 600.00)

Complete If Known

Application Number	09/409,566
Filing Date	September 30, 1999
First Named Inventor	Barnett et al.
Examiner Name	Rudy, Andrew J.
Art Unit	3627
Attorney Docket No.	AUR 0014 PA/40069.19

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

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<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200	100
-----	-----

Multiple dependent claims

360	180
-----	-----

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
48 - 20 or HP =	3	x 50	= 150

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

0

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4 - 3 or HP =	0	x 200	= 0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

0

Other:

SUBMITTED BY

Signature

Registration No. 42,695
(Attorney/Agent)

Telephone (937) 449-6400

Name (Print/Type) William A. Dividen

Date February 16, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Effective on 12/03/2004.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

600.00

Complete If Known

Application Number	09/409,588
Filing Date	September 30, 1999
First Named Inventor	Barrett et al.
Examiner Name	Rudy, Andrew J.
Art Unit	3627
Attorney Docket No.	AUR 0014 PA/40069.19

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

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Other: _____

Fee Paid (\$)

0

SUBMITTED BY		Registration No. 42,695 (Attorney/Agent)	Telephone (937) 449-6400
Signature			Date February 16, 2006

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